



EXHIBIT 3

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Nautilus Churches of Other Houses of Worship Supplemental ...**Nautilus Churches** of Other Houses of **Worship** Supplemental Application. Download. - Stars (0). 112 Downloads. Owner: Jackson Sumner and Associates.

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books.google.com › books

Nautilus Magazine of New ThoughtProtestants and liberal **churches** have always held the Roman Catholic ... true God is worshipped — and man can **worship** no other — there are my brothers and ... Elizabeth Jones Towne - 1907 - New Thought

books.google.com › books

First Congregational Church Order of Worship and Calendar ...First Congregational **Church** (Detroit, Mich.) ... O Thou that hearest prayer, unto Thee shall all flesh come; O **worship** the Lord ... OFFERTORY — The **Nautilus**. First Congregational Church (Detroit, Mich.) - 1844 - Congregational churches

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Nautilus News May 7, 2020 - Constant ContactApr 19, 2020 - **Nautilus** News May 7, 2020 ... Next Sunday, May 17th, Grace **Church** will welcome the cathedral congregation to their **worship**, with Dean Amy ...**Images for Nautilus churches or worship**

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Kids – Anchor Faith ChurchOur kids ministries, starting with **Nautilus** Jr is how Anchor Faith begins ... learn more about God from live storytellers, engaging stories on video, **worship** songs, ...

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The Moon in the Nautilus Shell: Discordant Harmonies ...—Naming ways —Age ways —Death ways —Religious ways, patterns of religious **worship**, theology, ecclesiology and **church** architecture —Magic ways, ... Daniel B. Botkin - 2012 - Science

Agency Name: _____

Address: _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Churches or Other Houses of Worship Supplemental Application**COMPLETE IN ADDITION TO THE APPLICABLE ACORD APPLICATIONS**

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name _____ Agent _____

Applicant Mailing Address _____ Applicant Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL LIABILITY

1. Date church established: _____ Size of congregation: _____

2. Denomination affiliation? _____

3. Physical description of facility: # of stories _____ Bldg. sq. footage _____ Portion occupied _____

4. Does the applicant sponsor or host any special events? ☐ Yes ☐ No

If yes, complete S305 Special Event Application

5. Are there any foreign operations or exposures (e.g. missionaries going abroad)? ☐ Yes ☐ No6. If child-sitting/nursery operations during church / religious services, is there a sign in and sign out procedure for the children? ☐ Yes ☐ No7. Are there written hiring procedures for all employees, volunteers, etc.? ☐ Yes ☐ No

Do hiring procedures include the following? (check all that apply)

☐ Background Check (including criminal records) ☐ Previous employers☐ Fingerprint check ☐ Personal references

PASTORAL PROFESSIONAL LIABILITY

1. Number of pastors: _____

PASTORAL PROFESSIONAL LIABILITY (You May Only Select One Option)

<input type="checkbox"/>	\$ 100,000 Each Wrongful Act	\$ 300,000 Aggregate
<input type="checkbox"/>	\$ 300,000 Each Wrongful Act	\$ 300,000 Aggregate

2. Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for any professional liability services, including but not limited to pastoral counseling or other counseling services?

☐ Yes ☐ No

Does applicant offer counseling services? (If yes, complete below)

☐ Yes ☐ No

TYPES OF COUNSELING SERVICES	% OF OPERATIONS (MUST TOTAL 100%)
<input type="checkbox"/> Family	
<input type="checkbox"/> Marital	
<input type="checkbox"/> Criminal	
<input type="checkbox"/> Crisis Intervention	
<input type="checkbox"/> Sexual offenders	
<input type="checkbox"/> Narcotics	
<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Domestic Abuses	
<input type="checkbox"/> Other counseling (specify):	

a. Are church members referred to specialists when appropriate (ex: psychiatrist)?

☐ Yes ☐ No

b. Does the applicant have any pastors or clergy that maintain current counseling licenses or possess a professional designation, certificate, or degree?

☐ Yes ☐ No

c. Are written procedures in place to protect the confidentiality of church members?

☐ Yes ☐ No**ABUSE OR MOLESTATION COVERAGE** ☐ N/A

1. Does applicant have a formal, written policy regarding abuse?

☐ Yes ☐ No

2. Is the staff trained to recognize signs of abuse?

☐ Yes ☐ No

3. Is there a formal policy requiring incident reporting?

☐ Yes ☐ No

4. Is there a procedure in place that helps mitigate situations that could lead to abuse allegations?

☐ Yes ☐ No

5. Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same?

☐ Yes ☐ No**OPTIONAL EXPOSURES:****SCHOOLS:**

1. Does the organization operate a school (kindergarten or higher)?

☐ Yes ☐ No

If yes, please submit to Underwriting and complete the following questions.

2. Does the school carry either a regional or national accreditation?

☐ Yes ☐ No ☐ N/A

3. Is the applicant properly licensed?

☐ Yes ☐ No ☐ N/A

4. Maximum student capacity: _____ Current enrollment: _____

5. Provide a list of extracurricular activities and confirm waivers are signed by parents.

6. Do you have dormitories?

☐ Yes ☐ No ☐ N/A

7. Do you accept special needs students? ☐ Yes ☐ No ☐ N/A
 If yes, explain: _____
 Does applicant employ qualified individuals to handle these children and their specific needs? ☐ Yes ☐ No ☐ N/A

CAMPS:

1. Does the organization have day camp operations? ☐ Yes ☐ No
 If yes, complete the following questions
 2. Total number of days the camp is in operation during the policy period: _____
 Total number of campers per day: _____
 3. Are there water exposures on premises (beaches, lakes, swimming pools)? ☐ Yes ☐ No ☐ N/A
 4. Provide details of all activities offered _____

 5. Are there any off-premises exposures or field trips? ☐ Yes ☐ No ☐ N/A
 6. Staff to camper ratio: _____

DAY CARE:

1. Does the organization operate a day care? ☐ Yes ☐ No
 If yes, complete the following questions:
 Food prepared on premises? ☐ Yes ☐ No ☐ N/A
 Is kitchen arranged so that the children do not have access to it? ☐ Yes ☐ No ☐ N/A
 Indicate all safety equipment located on premises.
☐ Smoke detectors ☐ Lighted exit signs ☐ Fire extinguishers
☐ Sprinklers ☐ Child safety equipment ☐ Fire alarms
 Are all of the above inspected annually? ☐ Yes ☐ No ☐ N/A
 6. Have premises been inspected for compliance with building codes and health standards? ☐ Yes ☐ No
 Has the facility been cited for health, safety or building code violations during last 3 years? ☐ Yes ☐ No
 7. Is safety education provided for children? ☐ Yes ☐ No
 Are fire drills conducted? ☐ Yes ☐ No
 8. Is there an outdoor play area? ☐ Yes ☐ No
 Is it fenced? ☐ Yes ☐ No
 Describe ground cover of the play area.
 ____% Grass ____% Dirt ____% Sand ____% Concrete
 ____% Rock ____% Blacktop ____% Wood chips ____% Other ____
 9. Describe outdoor play equipment, including any unusual or special equipment. _____

- Is all playground equipment properly anchored? ☐ Yes ☐ No
 10. Any swimming facilities on premises? ☐ Yes ☐ No
☐ Above Ground ☐ Depth of Water _____ ☐ Diving board – Height _____
☐ Below Ground ☐ Fence – Height _____ ☐ Self-Locking Gate
☐ Teach / Child Ratio _____ ☐ Age Levels of Participation _____ ☐ Waivers signed for Participation _____

11. Do you offer off-premises activities? ☐ Yes ☐ No

If yes, describe: _____

What age levels participate? _____

Chaperon to child ratio? _____

12. Does the applicant provide before and after school care? ☐ Yes ☐ No

If yes, explain how children are transported. _____

13. Are procedures in place to verify that all after school children are accounted for? ☐ Yes ☐ No

14. Is there a formal drop off and pick up procedure in place? ☐ Yes ☐ No

Describe. _____

15. Is the risk licensed by the state? ☐ Yes ☐ No

If yes, provide license # _____ and Expiration Date _____

How long has applicant been licensed? _____ Indicate number of children licensed to handle: _____

Hours of Operation ____ AM ____ PM Days of Week Open ☐Sun ☐M ☐Tu ☐Wed ☐Th ☐Fr ☐Sat

Average daily attendance ____ (Note: Supporting documentation must be available to qualify response)

16. Indicate the number of children and the number of attendants assigned to each age group:

AGE GROUP	# OF CHILDREN	# OF ATTENDANT	FULL TIME (F/T) OR PART TIME (P/T) CARE
2 MONTHS TO 24 MONTHS	_____	_____	_____ (F/T) _____ (P/T)
25 MONTHS TO 3 YEARS	_____	_____	_____ (F/T) _____ (P/T)
4 YEARS TO 6 YEARS	_____	_____	_____ (F/T) _____ (P/T)
BEFORE/AFTER SCHOOL AGE	_____	_____	_____ (F/T) _____ (P/T)

17. Are "special needs" children cared for? ☐ Yes ☐ No

If yes, explain _____

Is applicant staffed with qualified individuals to handle these children and their special needs? ☐ Yes ☐ No

18. Describe qualifications of applicant (include education, years of experience and special training) _____

19. Are there any licensed teachers? ☐ Yes ☐ No

Any nurse or health care professionals employed? ☐ Yes ☐ No

Are all staff members 18 years or older? ☐ Yes ☐ No

If no, explain. _____

20. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

21. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies).

22. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? ☐ Yes ☐ No
- Does applicant require parents to provide medical care release? ☐ Yes ☐ No
- Do you dispense medication? ☐ Yes ☐ No
- Are all medications kept in a locked cabinet? ☐ Yes ☐ No
23. **Attach** a copy of the applicant's rules and discipline policy.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date